

## FORM B-AD/HD

### REASONABLE TESTING ACCOMMODATIONS

#### SUPPLEMENTAL DOCUMENTATION FOR APPLICANTS REQUESTING ACCOMMODATIONS FOR AD/HD (To be Completed by a Licensed Professional)

**Dear Physician or Licensed Professional:** Thank you for completing this form. Board policy requires that an applicant with an Attention Deficit/Hyperactivity Disorder (AD/HD) must have been identified by a **Comprehensive Diagnostic Evaluation Report** that addresses all of the points specifically inquired about in the summary questions below. The evaluation should:

1. Have been completed or updated within the past two years;
2. Follow full, standard DSM-IV diagnostic criteria for AD/HD determination;
3. Provide evidence that diagnosis does not rely solely on self-report in establishing developmental history, current symptoms and evidence of impairment.

*(Please Type or Print Legibly)*

Applicant Name:	
Name of Physician or Licensed Professional:	

Summary of Diagnosis:      AD/HD predominantly inattentive type  
   AD/HD hyperactive/impulsive type  
   AD/HD combined type

#### BACKGROUND/SUMMARY OF DIAGNOSIS (Please give a brief overview\*):

What are the predominant current symptoms of AD/HD that cause academic impairment?

How does AD/HD cause current impairment in other settings?

Does the applicant have a developmental history of AD/HD and how was this determined?

What external validation (record review, interviews) supports self-report of AD/HD symptoms and impairment determination?

Does the applicant suffer from other conditions that impact AD/HD symptoms?

What other conditions were ruled out as alternative explanations for applicant's academic difficulty?

Was psychological/neuropsychological testing performed?\*\* If so, how did results support described impairment? If not done, why was it not considered necessary?

Is the applicant being treated with medication for this condition? If so, what are the beneficial effects of treatment? If not being treated, how was this decision made?

**Additional Information related to Disability/Accommodation Request:**

Have applicant's transcripts, previous achievement test scores been reviewed? If so, describe how these documents support applicant's academic/test-taking disability.

Have any records been reviewed that provide evidence that recommended accommodations ameliorate the impact of AD/HD symptoms on test-taking? If so, describe.

\*Please submit a copy of the following:

- A ***Comprehensive Diagnostic Evaluation Report*** referred to above.
- Additional evaluations from the past that provide additional evidence regarding the applicant's history of diagnosis and treatment.
- Law School Transcripts.
- Undergraduate Transcripts.
- LSAT Scores

\*\*If completed, please submit psychological/neuropsychological test findings relevant to AD/HD diagnosis and determination of impairment associated with this diagnosis.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the New Hampshire Board of Bar Examiners to assist in determining reasonable testing accommodations.